

Form Code: PSS_FR

Submit form whenever a firearm is discharged by a registrant while on duty, excluding any training exercise. Submit form to DCJS within 10 days of incident

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services

Private Security Services Section

P.O. Box 10110, Richmond, VA 23240-9998

Phone #: (804) 786-4700; Fax #: (804) 786-6344

Website: www.dcjs.org/privatesecurity

Status Hotline: (804) 786-1132 or 1-877-9STATUS

Legal Entity Name: _____ DCJS ID# 11-

Trade or Fictitious Name: _____

Mailing Address: _____

Number and Street	City/Town	State	Zip
-------------------	-----------	-------	-----

Physical Address: _____
(if different than Mailing) Number and Street City/Town State Zip

Registrant's Name: _____ SSN: _____

Date of Firearm Discharge: _____
mm/dd/yy

Location of Firearm Discharge: _____

Circumstances of Firearm Discharge:

CERTIFICATION

I certify that the above information is true and correct.

Compliance Agent's Name (Please Print or Type)

Telephone

Compliance Agent Signature (Required)

DATE: mm/dd/yy